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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

ALTRP058/A590

|   |   | MALL EN                                   | ITITY             |                               | OTHER  | THAN             |          |                     |                        |    |                     |                        |
|---|---|---|-------------------|-------------------------------|--|------------------|----------|---------------------|------------------------|----|---------------------|------------------------|
| TC  | TAL CLABAC  |   | (Column 1)        |                               | (Column 2)   |                  | T<br>-   | TYPE                |                        | OR | SMALL               | ENTITY                 |
| TOTAL CLAIMS  |   |   | 60                |                               | and the state of t |                  |          | RATE                | FEE                    |    | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED      |                               | NUMB   | ER EXTRA         |          | BASIC FEE           | 355.00                 | OR | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | 60 minus 20= 1    |                               | * 40   |                  |          | X\$ 9=              |                        | OR | X\$18=              | 720                    |
| INDEPENDENT CLAIMS  |   |   | 5 minus 3 = *     |                               | 2  |                  |          | X40=                |                        | OR | X80=                | 160                    |
| MU  | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT            |                               |  |                  |          | +135=               |                        | OR | +270=               |                        |
| $^{\star}$ If the difference in column 1 is less than zero, enter |   |   |                   |                               | r "0" in c   | olumn 2          | L        | TOTAL               |                        | OR | TOTAL               | 1590                   |
| CLAIMS AS AMENDED - PART II                                       |   |   |                   |                               |  |                  |          |                     |                        | ı  | OTHER               | THAN                   |
|   |   | (Column 1)                                | (Column 2)        |                               |  | (Column 3)       |          | SMALL E             | NTITY                  | OR | SMALL               | ENTITY                 |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus             | **                            |  | =                |          | X\$ 9=              |                        | OR | X\$18=              |                        |
|   | Independent   | *<br>NTATION OF MI                        | Minus             | ***                           | F.O. A.M.A   | =                | 1 [      | X40=                |                        | OR | X80=                |                        |
|   | FIRST PRESE   | NTATION OF MI                             | JLIPLE DEF        | ENDEN                         | CLAIM  |                  | , [      | +135=               | -                      | OR | +270=               |                        |
|   |   |   | •                 |                               | •  |                  | _        | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                |                   | (Colu                         | mn 2)  | (Column 3)       |          |                     |                        | •  | 7,0017.11 E.E.      |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI                  | IEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus             | **                            |  | =                | ╽╽       | X\$ 9=              | 1                      | OR | X\$18=              |                        |
|   | Independent   | *   | Minus             | ***                           |  | ]=               | <b> </b> | X40=                |                        | OR | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |                               |  |                  | J        | +135=               |                        | OR | +270=               |                        |
|   |   |   |                   |                               |  |                  | L        | TOTAL               |                        |    | TOTAL               |                        |
|   |   |   |                   |                               |  |                  |          | DDIT. FEE           |                        | OR | ADDIT. FEE          |                        |
|   |   | (Column 1) CLAIMS                         |                   | (Colu                         | mn 2)  | (Column 3)       | 7 -      |                     |                        | 1  |                     |                        |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT           |                   | NUM<br>PREVI                  |  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | *   | Minus             | **                            |  | =                | ╛╽       | X\$ 9=              |                        | OR | X\$18=              |                        |
|   | Independent   | *   | Minus             | ***                           | <del></del>  | =                | ┧╏       | X40=                |                        | OR | X80=                |                        |
|   | FIRST PRESE   | NIATION OF M                              | JLTIPLE DEPENDENT |                               | CLAIM  |                  | ┛┞       | +135=               |                        |    | 1070                |                        |
| •   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |                   |                               |  |                  |          |                     |                        | OR | +270=               | ļ                      |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  ** Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                   |                               |  |                  |          |                     |                        |    |                     |                        |